

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION			
O.I.P.E. CLASSIFIER			
FORMALITY REVIEW		67369	10/7 5-6-99

RR 70021

INDEX OF CLAIMS

✓ ..... Rejected N ..... Non-elected  
 = ..... Allowed I ..... Interference  
 - (Through numeral) Canceled A ..... Appeal  
 ÷ ..... Restricted 0 ..... Objected

Claim	Date			
Final	1	2	3	4
Original	19 00	20 01	21 02	22 03
1	✓			
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45	✓	✓	✓	
46	✓	✓	✓	
47	✓	✓	✓	
48	✓	✓	✓	
49	✓	✓	✓	
50	✓	✓	✓	

If more than 150 claims or 10 actions  
staple additional sheet here

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